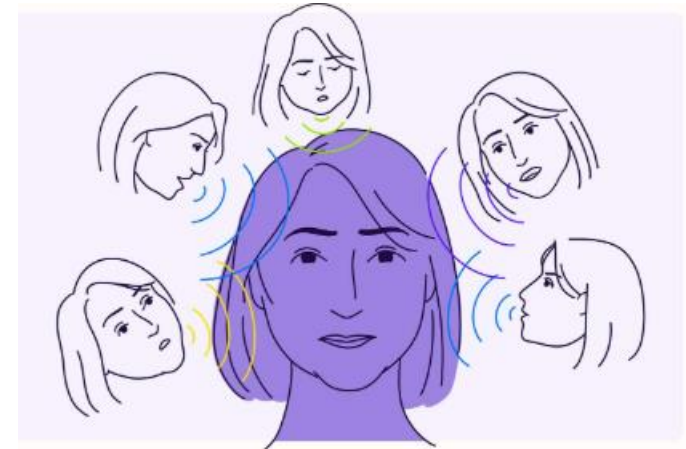




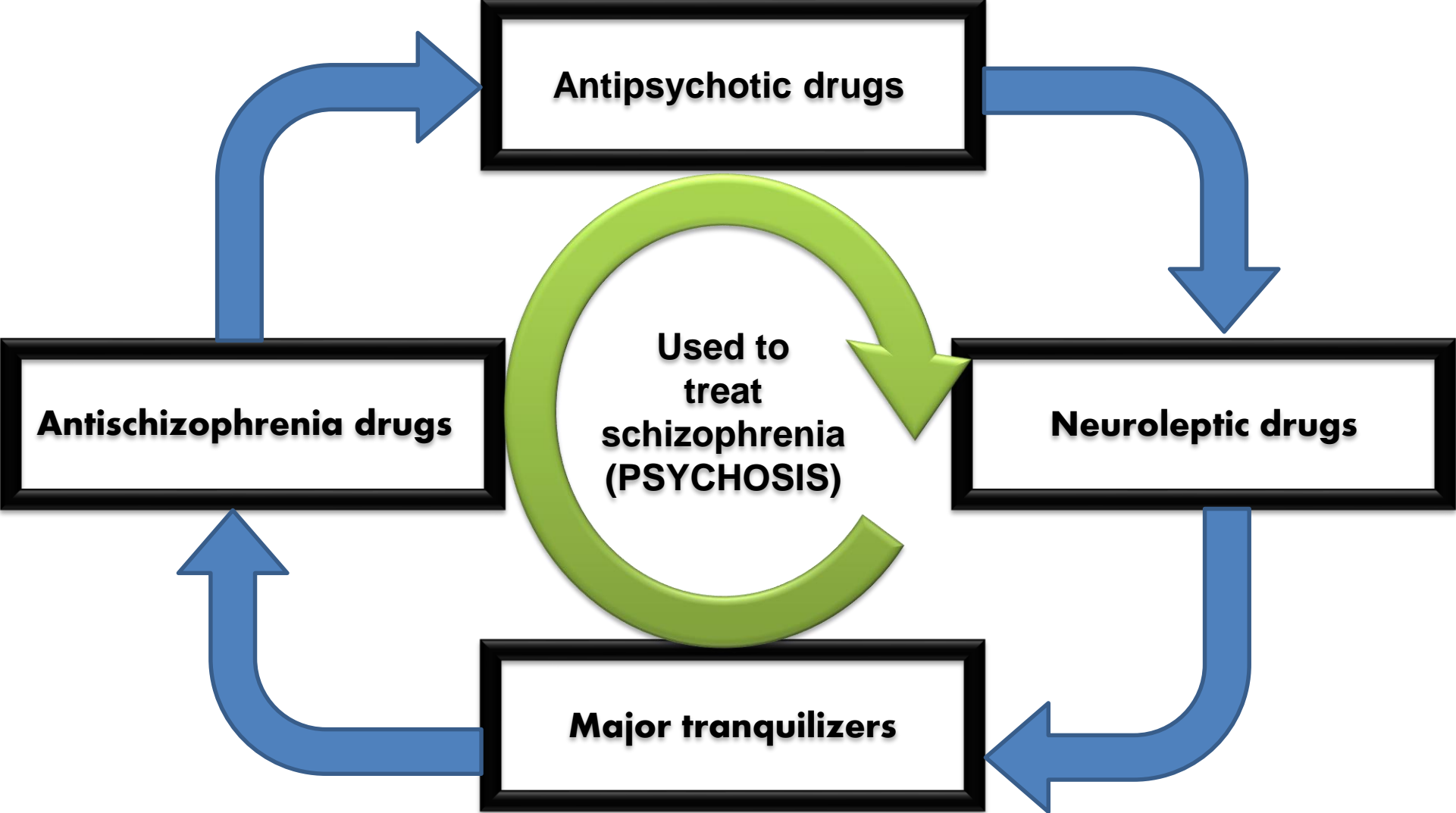
**Neurochemical basis of behavior  
&  
Drug therapy of schizophrenia**

**Dr.Nashwa Abo-Rayah**  
**Associate prof. (clinical &experimental pharmacology)**  
**Mu'tah University- Faculty of Medicine**  
**JORDAN 2024/2025**



# Objectives

- 1- What is schizophrenia?
- 2- Diagnosis of schizophrenia
- 3- Etiology of schizophrenia
- 4- Pharmacological treatment of schizophrenia
- 5- Mechanism of action of antipsychotic drugs
- 6- Side effects of antipsychotic drugs



# Schizophrenia

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Split

Mind

Describe the fragmented mind of people with the disorder

Is a serious brain illness which are characterized by severe problems with a person's

- thoughts,
- feelings,
- behavior,
- and use of words and language.

# Diagnosis of Schizophrenia

- **Three major clusters of symptoms:**

- **Positive**

- **Negative**

- **Disorganized** Functioning in work, relationships, or self-care has declined since onset

- **D.D.:** addiction, bipolar disorder and depression

Table 9.1 Summary of the Major Symptom Domains in Schizophrenia

Positive Symptoms	Negative Symptoms	Disorganized Symptoms
Delusions, hallucinations	Avolition, alogia, anhedonia, blunted affect, asociality	Disorganized behavior, disorganized speech

# Neurochemical basis of Schizophrenia

## • Dopamine Theory

• **Schizophrenia is due to:** excess levels of dopamine

• **Evidence:** Drugs that alleviate symptoms reduce dopamine activity

• Amphetamines, which increase dopamine levels, can induce a psychosis

## • Theory explanation:

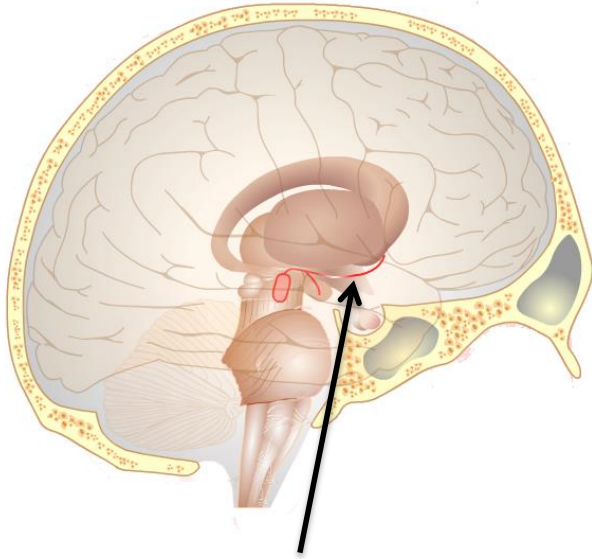
▪ Excess numbers of dopamine receptors or oversensitive dopamine receptors

▪ Localized mainly in the mesolimbic pathway

• **Mesolimbic dopamine abnormalities mainly related to positive symptoms**

▪ Decreased dopamine activity in the mesocortical pathway mainly related to **negative symptoms** (increased 5HTA activity)

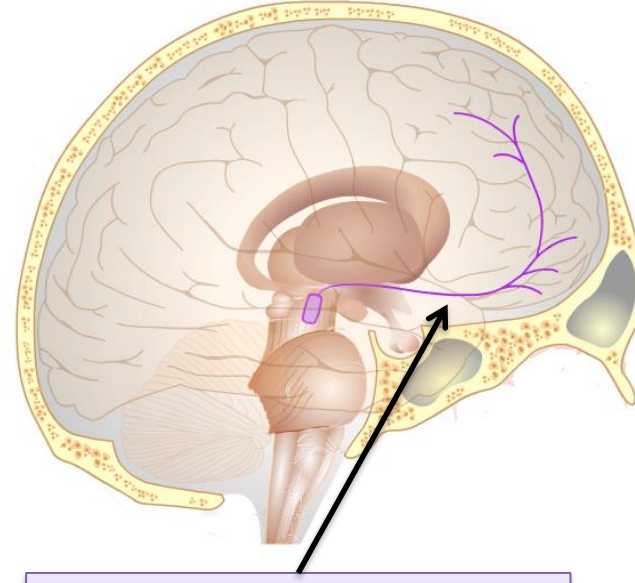
# Dopaminergic pathway in CNS



Mesolimbic pathway

**Excess activity implicated in:**

- **Positive symptom schizophrenia**  
**e.g.**
  - **hallucinations**
  - **delusions**

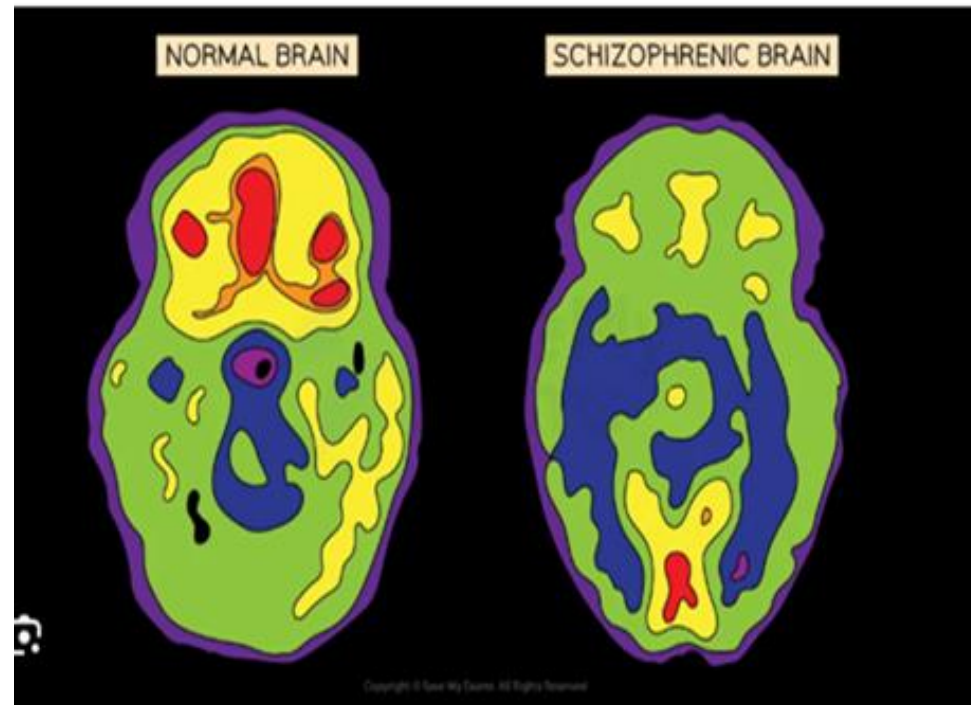
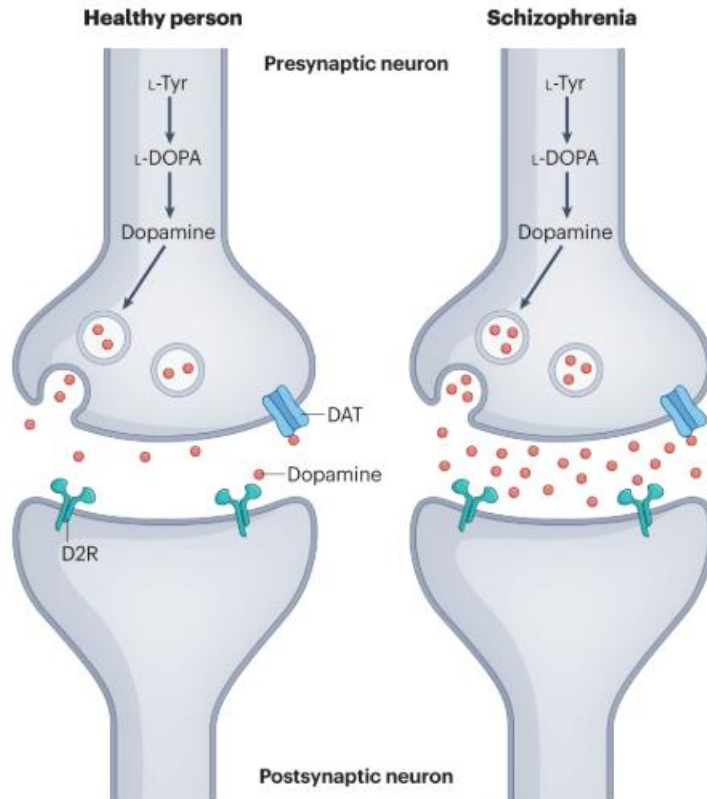


Mesocortical pathway

**Diminished activity implicated in :**

- **Negative symptoms of schizophrenia e.g.**  
**Restrictions in**
  - **emotion,**
  - **thought,**
  - **speech,**
  - **pleasure and attention.**

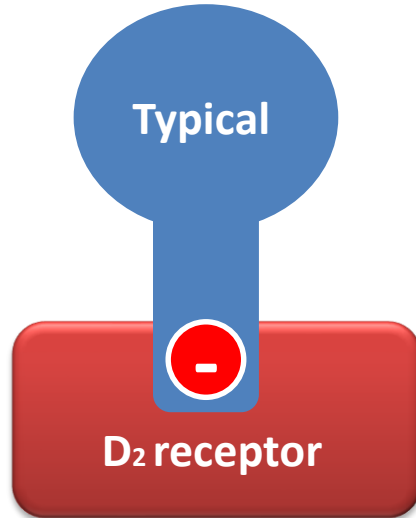
# Dopamine theory of schizophrenia





**Typical** is D<sub>2</sub> antagonist

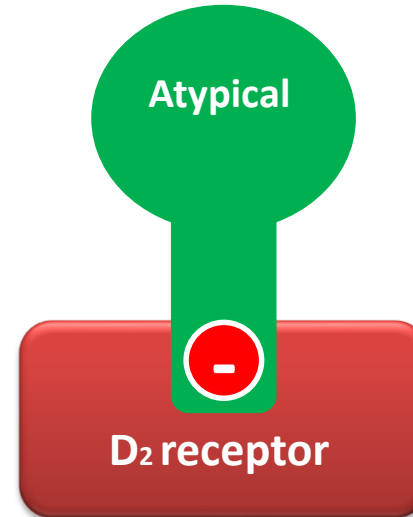
high affinity to D<sub>2</sub>



Binding to D<sub>2</sub> receptor  
(tight)

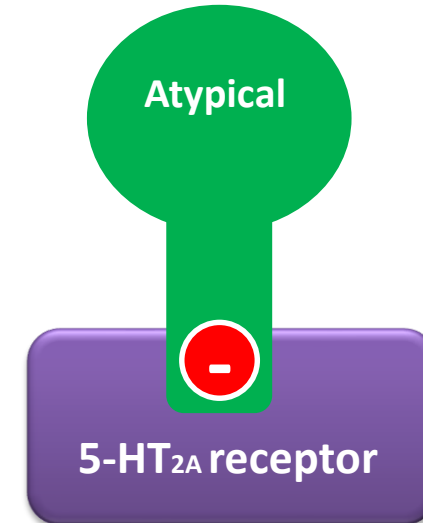
**Atypical** is serotonin-dopamine antagonist

Low affinity to D<sub>2</sub>



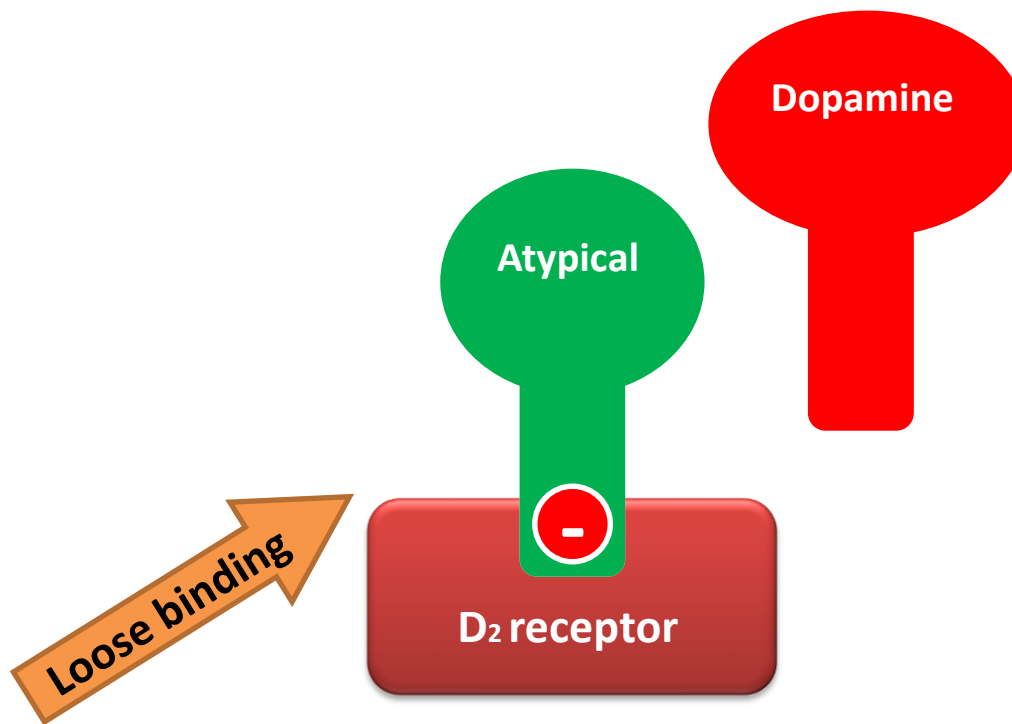
Binding to D<sub>2</sub> receptor  
(loose)

high affinity to 5-HT<sub>2A</sub>

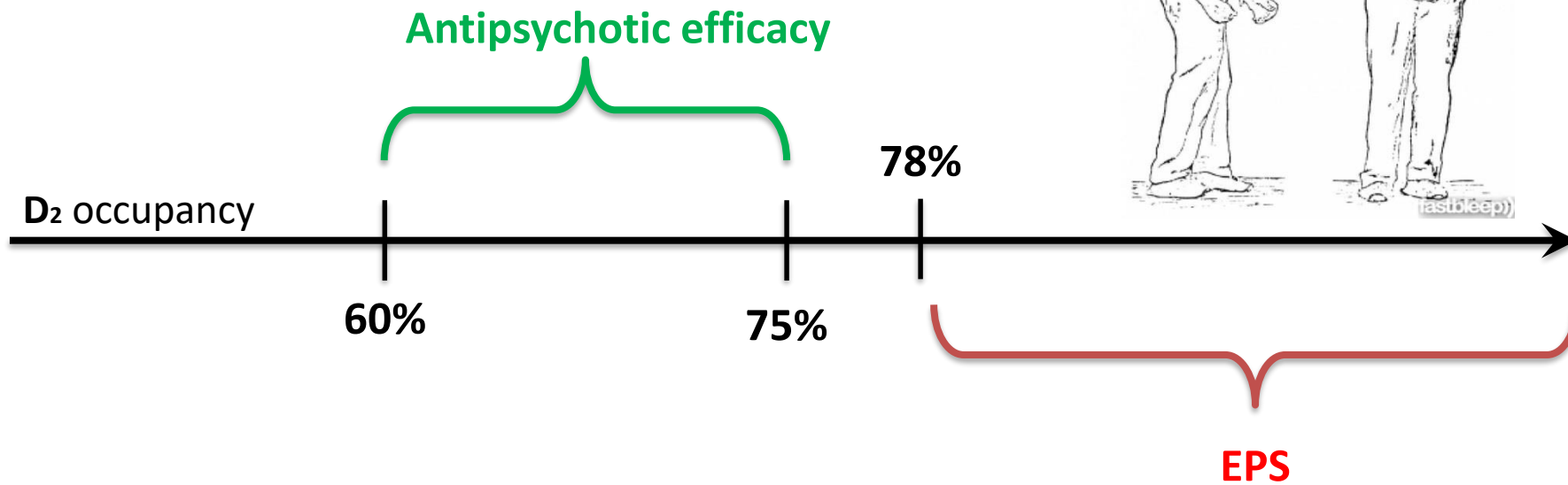


**Atypical** dissociate rapidly from D<sub>2</sub> receptor

Atypical dissociate rapidly from **D<sub>2</sub> receptor**



High occupancy for D<sub>2</sub> → High EPS risk



# Antipsychotic drugs

- First-generation (typical) antipsychotic medications (neuroleptics)

- ❑ Phenothiazines (chlorpromazine)

- ❑ Butyrophenones (haloperidol)

- Mechanism of action: Block dopamine receptors: **relieve positive symptoms**

- Disadvantages:

- 1- Little effect on negative symptoms

- 2- Extrapyramidal side effects, Neuroleptic malignant syndrome

# Second-generation (atypical) antipsychotics

▪ Risperidone , Olanzapine, Clozapine, Quetiapine

•Mechanism of action: **Block serotonin** receptors and **dopamine receptors** (loose binding: **low risk of both EPS and hyperprolactinemia**)

•Advantages:

1- Fewer motor side effects (extrapyramidal)

2- Less noncompliance

3- Reduce relapse

•Side effects

1- Agranulocytosis

2- Weight gain

•Newer medications may improve cognitive function:

➤ Olanzapine

➤ Risperidone

# Side Effects of Antipsychotic drugs

## • 1- Extrapyramidal Symptoms (EPS)

### • Tremors

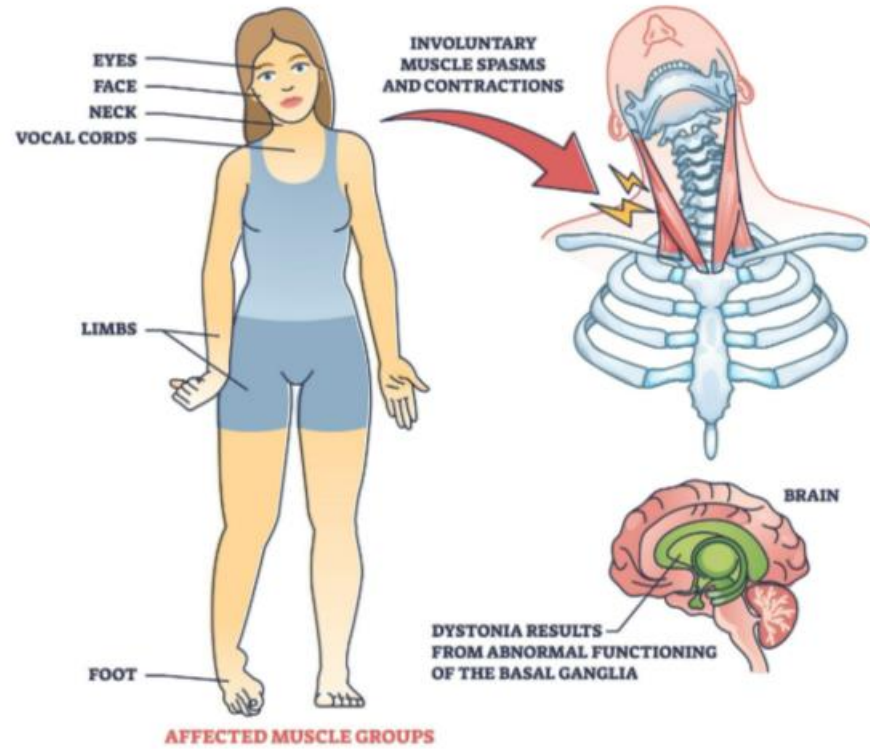
• **Dystonia**: Involuntary skeletal muscle contractions leading to:

• **twisting movements** in certain parts of body for a period.

• **Treatment**: Anticholinergic drugs (e.g. benztropine slow IV) or Antihistaminics (e.g. diphenhydramine)

• **Tardive dyskinesia**: repetitive involuntary movements with prolonged use

# DYSTONIA



## Tardive Dyskinesia Symptoms



Tongue protrusion



Lip smacking



Mouth puckering



Facial grimacing



Excessive eye blinking



Writhing movements

# Side Effects of Antipsychotic Medications

## 2- Neuroleptic Malignant Syndrome (NMS): life-threatening

### Due to autonomic disturbances

•Hyperthermia, muscular rigidity, tachycardia, hyper or hypotension,,  
rhabdomyolysis, confusion

•Complications: Coma and death

### •Treatment:

•Stop drug

•Supportive management and

•Sever cases: ICU



# Side Effects of Antipsychotic Medications

## 3- Autonomic disturbances:

- **Blocking of alpha** receptors in blood vessels: **postural hypotension**
- **Sexual dysfunctions:** failure of ejaculation: non-compliance (failure of therapy)
- **Atropine- like effects**

# Side Effects of Antipsychotic Medications

## 4- Endocrinal disturbances: Hyperprolactinemia

Amenorrhea, menstrual cycle disorders, breast enlargement, galactorrhea

- Dose dependent
- Related to D2receptor affinity
- Higher in 1<sup>st</sup> generation as a class

## Side Effects of Antipsychotic Medications

- 5- Polyphagia: Weight Gain and Metabolic Syndrome:**
- Due to blocking of 5HT<sub>2A</sub> receptors in satiety center.
  - More with atypical drugs

# Side Effects of Antipsychotic Medications

## 6- Hematological

- **Mild leukopenia:** common
- **Agranulocytosis** and **neutropenia** infrequent: may be **fatal**
- **Management:** stop the drug
- **Highest risk** in **clozapine**, at beginning of treatment

## Side Effects of Antipsychotic Medications

### •7- CVS:

- Arrhythmias

- Orthostatic hypotension)

- Antipsychotic drugs with increased risk:

- Haloperidol, olanzapine, risperidone

- 8- Cholestatic jaundice: cholorpromazine

# Summary

	<b>Typical drugs</b>	<b>Atypical drugs</b>
<b>Members</b>	Chlorpromazine, haloperidol	Risperidone, olanzapine, clozapine
<b>Mechanism of action</b>	Block D2 receptors	Block 5HT2A receptors
<b>Efficacy</b>	Positive symptoms	Negative symptoms
<b>Extrapyramidal symptoms, hyperprolactinemia</b>	+++	+
<b>Neuroleptic malignant syndrome</b>	+++	+
<b>Polyphagia</b>	-	+++
<b>Agranulocytosis</b>	+	+++

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***Katzung*** by Anthony Trevor, Bertram Katzung, and Susan Masters . 16<sup>th</sup>  
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- **Thank you**